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| appropriate. All further   | correspondence including below or directed of   | ng the Patent, a   | dvance or  | ders and notification o   | f maintenance fees   | will be                                      | mailed to the current   | should be completed where<br>correspondence address as<br>arate "FEE ADDRESS" for                            |
|--|---|--|--|---|--|--|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  23557 7590 12/31/2008  SALIWANCHIK LLOYD & SALIWANCHIK A PROFESSIONAL ASSOCIATION PO BOX 142950 GAINESVILLE, FL 32614-2950 |   |  |  |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |   |  |
|  |   |  |  |   |  |  |   |  |
| (12)   |   | Genny  | Ba   | her   | (Signature)  |  |   |  |
|  |   |  |  | L   | March  | 27   | ,2009   | (Date)   |
| APPLICATION NO. FILING DATE  |   | F  |  | FIRST NAMED INVENT  | OR   | ATTORNEY DOCKET NO.                          |   | CONFIRMATION NO.   |
| 10/537,142<br>TITLE OF INVENTION   | 11/10/2005<br>: SPLICE VARIANT O  | F THE HUMAN  | N PITUITA  | Richard Joseph Fagar<br>ARY GROWTH HORM   |  |  | C&R-102   | 1704   |
| APPLN, TYPE  | SMALL ENTITY  | ISSUE FEE  | DUE  | PUBLICATION FEE DU  | E PREV. PAID IS  | SUB FEE                                      | TOTAL FEE(S) DUE  | DATE DUE   |
| nonprovisional   | NO  | \$1510   | }  | \$300   |  |  | \$1810  | 03/31/2009   |
| ·  | EXAMINER  |  | IT   | CLASS-SUBCLASS  |  |  |   |  |
| SAOUD, CHRISTINE J   |   | 1647   |  | 514-012000  |  |  |   |  |
| "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Uni   | ondence address (or Cha 3/122) attached. ication (or "Fee Address 12" or more recent) attach ND RESIDENCE DATA less an assignee is ident h in 37 CFR 3.11. Comp | n stomer TED ON Tassignee  | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  adata will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  AUBONNE, SWITZERLAND |   |  |  |   |  |
| Please check the appropr   | iate assignee category or   | categories (will   | l not be pr  | inted on the patent):   | ☐ Individual   | Corporat                                     | ion or other private gr   | oup entity Government  |
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| * *  | s SMALL ENTITY state  | is. See 37 CFR   |  | ☐ b. Applicant is no l  | onger claiming SM  | ALL EN                                       |   |  |
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| Authorized Signature   | Fearly  | Close  | DULA   | M _   | Date   | land   | 27,2009   |  |
| Typed or printed name  | <sub>e</sub> FRANK C. EI  | SENSCHENE  | С, РН.   | D.  | Registration   | No. 45                                       | 5,332   |  |
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